



# KENTUCKY BOARD OF ALCOHOL AND DRUG COUNSELORS

P.O. Box 1360, Frankfort, Kentucky 40602 ~ 500 Mero Street, 2SC32[911 Leewood Drive], Frankfort, Kentucky 40601

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## SUPERVISION EVALUATION FOR PEER SUPPORT SPECIALIST

(Completed by each Supervisor)

This form must be entirely completed by each supervisor of qualifying experience. Please pay special attention to the number of hours of direct clinical supervision and percentage of applicant's time allotted to chemical dependency clients.

Applicant's Name \_\_\_\_\_

Applicant's Address: \_\_\_\_\_

Clinical Supervisor: \_\_\_\_\_ Credential Number: \_\_\_\_\_

Current Address: \_\_\_\_\_

Date of Issue of Certification: \_\_\_\_\_ Supervisor's Day Phone Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Program or agency where you supervised the applicant: \_\_\_\_\_

I have supervised the applicant's work from \_\_\_\_\_ to \_\_\_\_\_, which includes approximately \_\_\_\_\_  
(Date) (Date)

hours of face to face [clinical] supervision per month for a total \_\_\_\_\_ hours.  
of \_\_\_\_\_

The approximate percentage of his/her time spent in delivery of services to substance abuse clients: \_\_\_\_\_ %

### PERSONAL ATTRIBUTES:

Evaluate the applicant as you observe(d) him/her in the following areas of interpersonal relationship with clients:  
(Please use appropriate number as indicated on scale.)

|      |      |         |               |          |    |
|------|------|---------|---------------|----------|----|
| 1    | 2    | 3       | 4             | 5        | 6  |
| /    | /    | /       | /             | /        | /  |
| Weak | Fair | Average | Above Average | Superior | NA |

- \_\_\_\_\_ A. Respect for client.
- \_\_\_\_\_ B. Care and concern for client.
- \_\_\_\_\_ C. Genuineness with client.
- \_\_\_\_\_ D. Empathy with client.
- \_\_\_\_\_ E. Flexibility with client.
- \_\_\_\_\_ F. Spontaneity with client.

- \_\_\_\_\_ G. Capacity for appropriate self-disclosure.
- \_\_\_\_\_ H. Sense of immediacy.
- \_\_\_\_\_ I. Concreteness.

Applicant's Name \_\_\_\_\_

### Performance Competencies

Evaluate the applicant as you feel he/she demonstrates his/her abilities in the area of recovery support. Mark the rating most nearly descriptive of the applicant's demonstrated skills using the scales given.

|      |      |         |               |          |    |
|------|------|---------|---------------|----------|----|
| 1    | 2    | 3       | 4             | 5        | 6  |
| /    | /    | /       | /             | /        | /  |
| Weak | Fair | Average | Above Average | Superior | NA |

- \_\_\_\_\_ A. Advocacy
- \_\_\_\_\_ B. Ethical Responsibility
- \_\_\_\_\_ C. Mentoring and Education
- \_\_\_\_\_ D. Recovery and Wellness Support

### PROFESSIONAL AND ETHICAL CONDUCT:

- Employment of fraud or deception in applying for a registration~~[certificate]~~: ☐ Yes ☐ No. If yes, please comment:  
Comment: \_\_\_\_\_
- ~~Practicing~~Practice of Alcohol and Drug Counseling, practicing recovery support or advocacy under a false or assumed name or the impersonation of another credential holder~~[counselor]~~ of a like or different name. ☐ Yes ☐ No. If yes, please comment:  
Comment: \_\_\_\_\_
- Habitual abuse of any mood-altering chemical substance to such an extent as to interfere consistently with the competent performance of his/her duties. ☐ Yes ☐ No. If yes, please comment:  
Comment: \_\_\_\_\_
- Misrepresentation of one's professional credentials: ☐ Yes ☐ No. If yes, please comment:  
Comment: \_\_\_\_\_
- Failure to adhere to KRS 309.080 to 309.089: ☐ Yes ☐ No. If yes, please comment:  
Comment: \_\_\_\_\_

Describe what you believe to be significant strengths and / or deficiencies of the applicant (attach additional pages, if needed):

\_\_\_\_\_

I recommend \_\_\_\_\_ for registration as a peer support specialist.

Applicant's Name

I do not recommend \_\_\_\_\_ for registration as a peer support specialist.

Applicant's Name

Signature: \_\_\_\_\_ Credential: \_\_\_\_\_

Current Address: \_\_\_\_\_

\_\_\_\_\_

Date Signed: \_\_\_\_\_